



## Residential Life Program Application

Semester: Fall (Sept.) \_\_\_\_\_ Spring (Jan.) \_\_\_\_\_ Summer (June) \_\_\_\_\_  
Year Year Year

College ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex:  Male  Female

**1. Are you currently attending Mercy College?**  No  Yes

**Have you previously attended Mercy College?**  No  Yes Year: \_\_\_\_\_

If yes, what is/was your cumulative GPA? \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

**2. If you are entering as a freshman:**

High School: \_\_\_\_\_ Grad. Date: \_\_\_\_\_ GPA: \_\_\_\_\_

What is your intended area of study at Mercy College? \_\_\_\_\_

**3. If you are entering as a transfer student:**

College now attending: \_\_\_\_\_ Grad. Date: \_\_\_\_\_

Cum. Average: \_\_\_\_\_ Number of credits completed: \_\_\_\_\_

**4. Have you ever lived in the Mercy College Residence Hall?**  No  Yes

4a. When was your last semester in the Residence Hall? \_\_\_\_\_

4b. What were the circumstances of your departure from the Residence Hall? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**5. How will you be covering the cost of living in the Residence Hall?**

I will be applying for a student loan.

Date filed: \_\_\_\_\_

My parent/guardian will be applying for a parent loan.

Date filed: \_\_\_\_\_

I will be receiving funds from another source.

Name of source(s): \_\_\_\_\_

I will be paying cash/charge for the cost.

**6. Did you file a FAFSA?**     No     Yes    Date: \_\_\_\_\_

**7. Did you take a Placement Exam?**     No     Yes    Date: \_\_\_\_\_

*I certify that answers given herein are true and complete to the best of my knowledge. I understand that a review of any disciplinary history will be conducted and I may be disqualified from the Residential Life Program based upon the results of such review. I authorize investigation of all statements contained in this application for the Residential Life Program as may be necessary in arriving at a decision. In the event of acceptance to the program, I understand that false or misleading information given in my application or interview may result in discharge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Mercy College requires that a completed application for admission to the College be on file. Completion of this application does not guarantee a student a bed.***

*The College retains complete discretion in determining whether a student will be accepted into the Residential Life Program, and all such determinations are final and cannot be appealed.*

**Please forward the completed application and supporting material to:**

**Mercy College  
555 Broadway  
Dobbs Ferry, NY 10522  
Office of Residential Life**

**E-mail:residentiallife@mercy.edu  
Fax Number: (914) 674-7564**